The Untapped Potential of Assisted Outpatient Treatment in Georgia

Georgia Behavioral Health Reform & Innovation Commission

Subcommittee on Involuntary Commitment

Atlanta, GA

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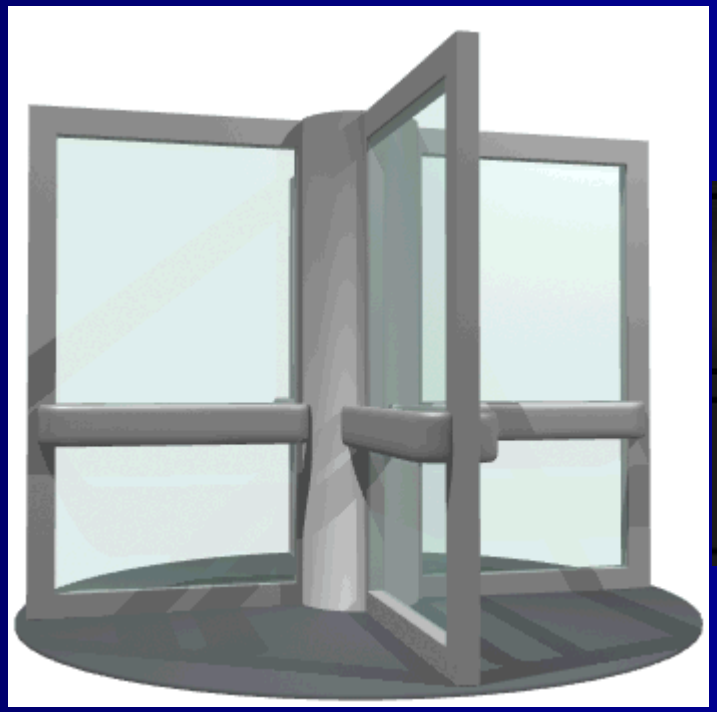
Public Mental Health: Many Needs, No Single "Cure-All"

- More investment in community-based care (mobile crisis teams, crisis respite, et. al.)
- Inpatient psychiatric beds
- Recruit mental health professionals to underserved regions
- New law-enforcement / diversion strategies
- **Address treatment non-engagement**

Treatment Non-Engagement

Too many with SMI caught in the "revolving doors" of the mental health and criminal justice systems



Many reasons for non-engagement

- Inadequate community-based support
- Health insurance gaps
- Distance to provider / lack of transportation
- Substance abuse
- Side effects of medications
- Challenges with executive functioning
- Mistrust of doctors
- **Anosognosia / lack of insight**

A most challenging cause of non-engagement:

a symptom of brain dysfunction known as ...

ANOSOGNOSIA

Anosognosia

- Lack of insight into one's own illness. (inability to recognize illness in self)
- NOT denial
- Brain-based. Out of the individual's control
- Makes non-adherence *logical*

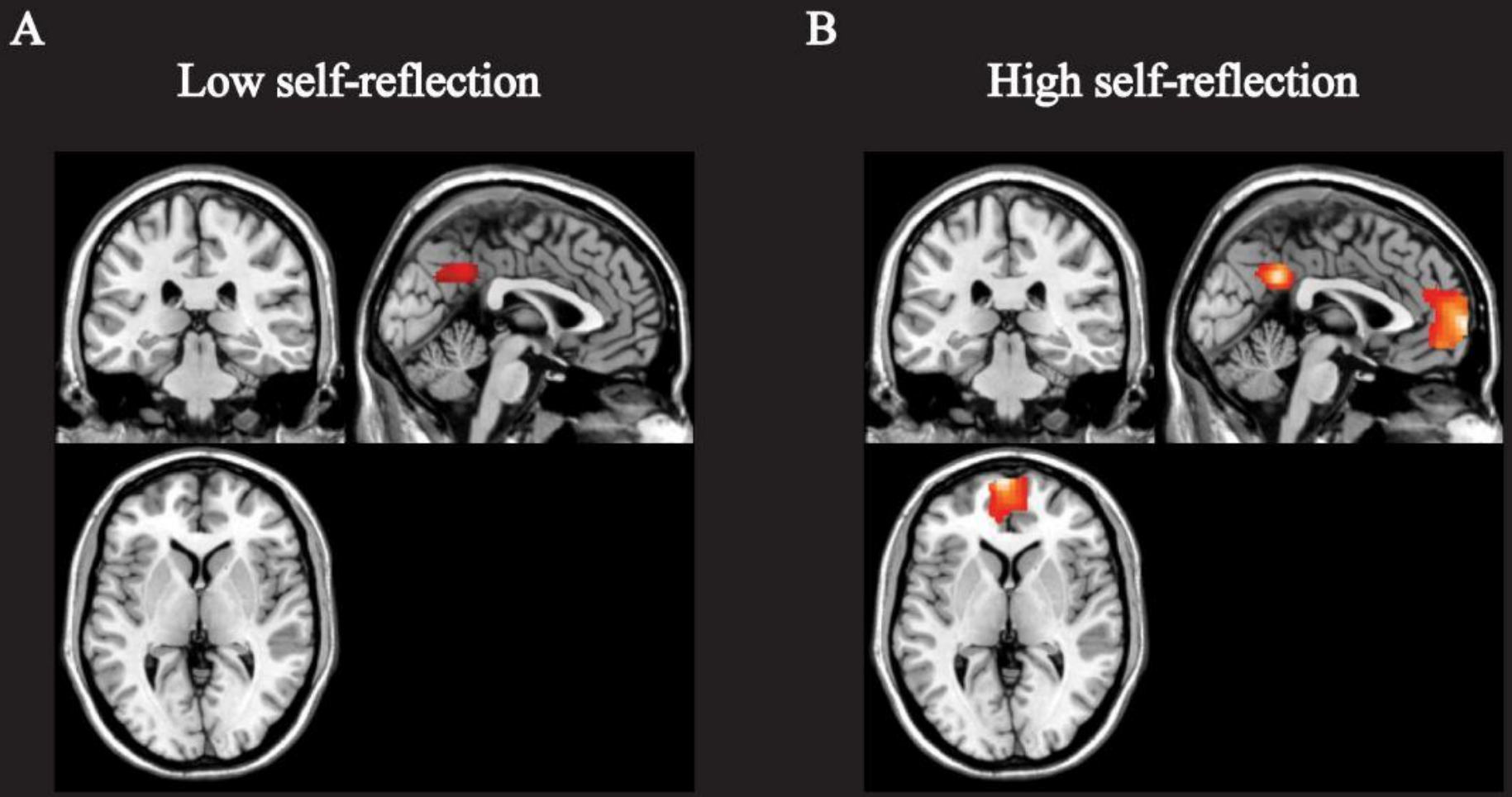


Figure 2. Brain activation of selected individuals is displayed (the patterns of activation are consistent with the group-level differences). Differences in brain activation in the left and right vMPFC during a self reflection task between two patients with schizophrenia, one patient with impaired insight and one patient with good insight. (A) a patient with a low score (7) on the subscale self reflectiveness of the Beck Cognitive Insight Scale (BCIS) and (B) a patient with a high score (27) on the subscale self-reflectiveness.

Linking Anosognosia and Non-Adherence

Psych. Services 2/06:

- Of 300 patients with non-adherence tracked, 32% found to lack insight.
- Those 32% had significantly longer non-adherent episodes, more likely to completely cease meds, have severe symptoms, be hospitalized

Bottom Line on Anosognosia

- If you build it …

… SOME still won't come!

AOT is …

- A strategy to address non-adherence
- A form of civil commitment
- A means of leveraging the power of courts to influence behavior

Why Does the Court Order Matter?

- Under typical state AOT law, the court order lacks "teeth":
  - No contempt of court
  - No automatic return to inpatient commitment
  - No forcibly administered meds
- Fair to ask: what's the point?

Point #1:
"The Black Robe Effect"

- Judges naturally command respect as symbols of authority in our civic culture.
- The AOT judge must embrace the role of primary motivator.
- The black robe effect works on the treatment system too.

Point #2:
Rapid Response to Non-Adherence

Lack of punishment for non-adherence doesn't mean lack of *consequence*

AOT "Program"? Where's that in the law?

- Answer: nowhere
- Establishing a "program" means using the authority granted in the law to seek AOT, in a manner not contemplated by (but clearly consistent with) the law.
- Georgia has a great AOT law but (to our knowledge) no AOT programs.

What is an AOT "program"?

Organized practice of local mental health system, in conjunction with a single court docket, to:

- Proactively identify those meeting AOT criteria
- Petition for those patients to receive AOT
- Deliver TREATMENT, SERVICES and INTENSIVE CASE MGMT to AOT patients.
- Take swift CORRECTIVE ACTION when AOT patients become non-adherent
- Determine for each patient the point at which AOT is no longer needed.

AOT is *not* Mental Health Court

- Court's authority is not predicated on the commission of crime.
- Must be heard in court with jurisdiction over civil commitments (specific court varies by state).
- No "sanctions" for violating the order.
- Should not require the individual's voluntary choice to participate.

Video:
Judge Kazen in Action

Lessons from the Field

Kendra's Law

Final Report on the Status of

Assisted Outpatient Treatment

New York State
George E. Pataki,
Governor

Office of Mental Health
Sharon E. Carpinello, R.N., Ph.D.,
Commissioner
March 2005

New York State Assisted Outpatient Treatment Program Evaluation

Submitted under Contract with the New York State Office of Mental Health

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NY Research Conclusion: AOT Works

2009 NY study results (Duke et. al.):

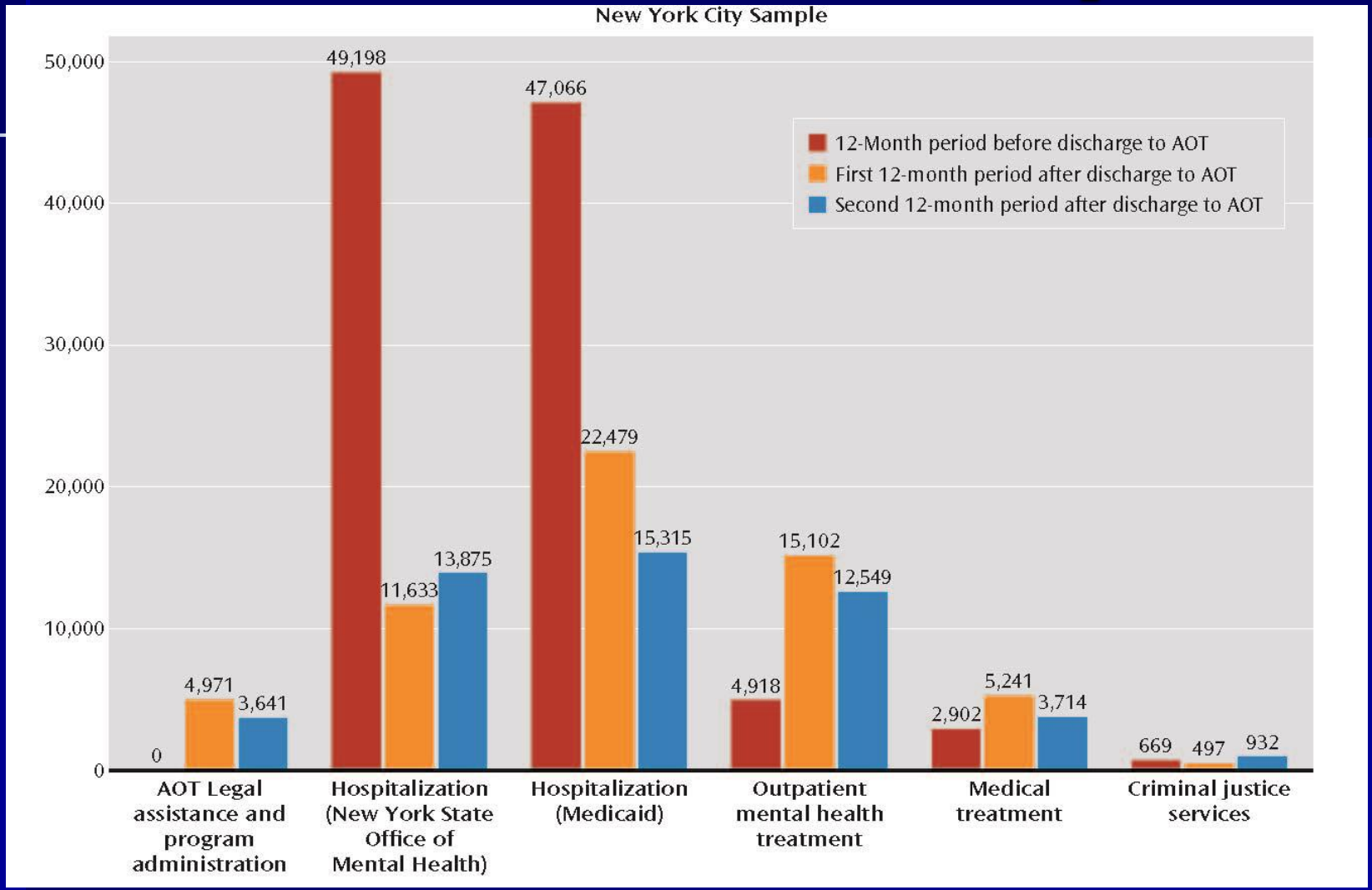
- Likelihood of hospital admission over 6-month period cut in half (74% to 36%)
- "Substantial reductions" in hosp days
- Likelihood of arrest over 1-month period cut in half (3.7% to 1.9%)
- AOT group 4x less likely to commit serious violence than non-eligible control group, despite more violent histories

The Court Order Matters

NY research conclusion:

- "The increased services available under [AOT] clearly improve recipient outcomes. However, the [AOT] court order, itself, and its monitoring do appear to offer additional benefits in improving outcomes."

AOT Saves Money!



In NYC, net treatment costs declined 43% Y1, another 13% in Y2.

The Game-Changer: Federal Grant Money for New AOT Programs!

Substance Abuse and Mental Health Services Administration
SAMHSA

- 4-year grants up to $1M/yr awarded to 17 sites in 2016
- New FOA for next round of grants issued in Nov 2019. Apps were due 1/24/20.
- Did any GA jurisdictions apply?

AOT in Georgia (AKA "IOT")

Key Definitions

Ga Code § 37-3-1(12)

- **"Mentally ill person requiring involuntary treatment"** means a mentally ill person who is an inpatient or an outpatient.

Key Definitions (cont.)

Ga Code § 37-3-1(12.1)

"Outpatient" means a person who is mentally ill and:
(A) Who is not an inpatient but who, based on the person's treatment history or current mental status, will require outpatient treatment in order to avoid predictably and imminently becoming an inpatient;

(B) Who because of the person's current mental status, mental history, or nature of the person's mental illness is unable voluntarily to seek or comply with outpatient treatment; and
(C) Who is in need of involuntary treatment.

Key Definitions (cont.)

Ga Code § 37-3-1(12.2)

"Outpatient treatment" means a program of treatment for mental illness outside a hospital facility setting which includes, without being limited to, medication and prescription monitoring, individual or group therapy, day or partial programming activities, case management services, and other services to alleviate or treat the patient's mental illness so as to maintain the patient's semi-independent functioning and to prevent the patient's becoming an inpatient.

Key Definitions (cont.)

Ga Code § 37-3-1(1)

"Available outpatient treatment" means outpatient treatment, either public or private, available in the patient's community, including but not limited to supervision and support of the patient by family, friends, or other responsible persons in that community. "Outpatient treatment at state expense shall be available only within the limits of state funds specifically appropriated therefor."

Evaluators required to consider AOT!

Ga Code § 37-3-90(a):

"When [an evaluating clinician] determines and certifies that the patient is a mentally ill person requiring involuntary treatment, [he/she] shall further determine and certify whether there is reason to believe the patient is:

(1) an outpatient or an inpatient; and

(2) If an outpatient, whether there is available outpatient treatment.

Evaluators **required** to consider AOT!

Ga Code § 37-3-90(c)

A person determined and certified to be

(1) An outpatient

(2) A person for whom there is available outpatient treatment

shall be considered to be in need of involuntary outpatient treatment and not involuntary inpatient treatment for purposes of further proceedings, until such time as that person's status is determined otherwise.

Between Determination and Petition …

Ga Code § 31-3-91 (summarized)

After determining that a person is an "outpatient" for whom outpatient treatment is available, facility must:

- Discharge the person, pending hearing or waiver.
- Prepare an "individualized service plan" for the patient.
- Arrange "interim outpatient treatment"

Application for "Involuntary Treatment"

GA code § 37-3-81.1(a)

At hearing, court determines whether person requires involuntary treatment, and if so:

"whether the patient is an inpatient or an outpatient, … and the type of involuntary treatment the patient should be ordered to obtain. [If outpatient,] the court shall further determine [based upon the proposed ISP] whether there is available outpatient treatment for the patient which meets the requirements of the ISP, and whether the patient will likely obtain that treatment so as to minimize the likelihood of the patient becoming an inpatient."

If yes to both …

- "The court shall order the patient to obtain that treatment, and shall discharge the patient subject to such order."
- Order of IOT may be for a period up to one year (including inpatient days already received). (GA code § 37-3-93)
- At expiration, it may be renewed an indefinite number of times. (GA code § 37-3-93)

What if the patient doesn't follow the order?

GA code § 37-3-82

If at any time during a period of IOT, … the patient fails w/o good cause or refuses to comply with the outpatient service plan, the [clinician] in charge of the plan may petition the court for an order directing emergency custody, to last no more than 48 hours, unless the examining [clinician] concludes that, because of a change in the patient's condition, the least restrictive alternative which would accomplish the treatment goals is hospitalization. The [clinician] may then execute a certificate [for inpatient commitment].

How can Georgia spur AOT implementation?

- Simple answer: The law is there. Now AOT must become a state funding priority.
- Scarce resources is no excuse for inaction. In fact, it's the opposite: the very reason that AOT *must* be implemented!
- N.Y. suggests one approach: a funded, supported statewide mandate on counties.
- N.J. suggests another: direct state funding of community-based providers.

TAC is Here to Help

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